

Ambulatory Pharmacists and Their Responsibilities in New Healthcare Models

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INTRODUCTION

The landscape of healthcare is changing dramatically in the United States. Healthcare reform initiatives at the national, state, and regional levels continue to significantly alter the provision of healthcare services and their reimbursement based on the Triple Aim of improving population health and better care for individual patients while decreasing costs. In the current healthcare environment, there exists substantial volatility, complexity, and ambiguity that do not appear to be receding any time soon. Continued escalation in healthcare spending remains a major concern for the United States. In 2016 healthcare spending was at \$3.3 trillion or \$10,348 per person. By 2021 the cost per person for healthcare in the United States is expected to grow to \$11,356. In contrast, most other major industrialized countries spend half the amount per individual on healthcare.¹ Healthcare is consuming greater portions of the gross domestic product (GDP), at 18% in 2017.² As health-

Chapter Objectives

- Understand the current terminology describing pharmacist patient care responsibilities.
- Describe the patient care responsibilities for pharmacists.
- List the three elements required for a patient care practice.
- Describe the settings where pharmacists provide patient care services.
- List the types of patient care services that pharmacists deliver as components of medication management services.

care consumes more of the GDP, there is less money to spend on other important societal needs. Waste in healthcare is a significant contributor to the high cost of care in the United States. Excessive administrative costs, preventable emergency department and hospital visits, poorly controlled chronic conditions, and

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low value and duplicative services are all thought to impact current wasteful spending, estimated at \$3,500 per person.³

Quality of healthcare remains problematic in the United States despite the high level of spending. In 2014 and 2017, the Commonwealth Fund conducted research that compared the quality of U.S. healthcare with 11 other major industrialized countries in the world.²⁻⁴ The United States ranked last in 2014 and remained last in 2017. The reports are discouraging considering the efforts and resources spent over the last 20 years to improve quality in the U.S. health system. The unsettled climate has created opportunities for major disrupters to enter the healthcare industry. These include technology innovations with potential to significantly alter jobs and workflow, big data evaluation impacting healthcare processes, demands for greater patient engagement and voice, mergers and acquisitions of diverse healthcare businesses such as payers and providers, and “nonhealthcare” companies entering the healthcare field. The dynamic and shifting environment demands our close attention as pharmacists, particularly in ambulatory practice.



There are important opportunities within these changes that ambulatory pharmacists should recognize. Ambulatory pharmacists must be prepared to clearly define and execute patient care responsibilities in evolving healthcare models; develop efficient, safe and less costly workflows; demonstrate value to patient care and the healthcare industry; and clearly articulate acceptance of full responsibility and accountability for optimal medication-use experiences and related health outcomes of our patients in the changing environment.

The framework for setting the needed direction for the U.S. healthcare industry is the concept of the Triple Aim. Launched in 2007, the Institute of Healthcare Improvement created the Triple Aim framework with the goal for healthcare to create system improvement. The goal of the framework is to simultaneously improve individual healthcare and experience along with that of communities and populations, while reducing overall costs. The Triple Aim was first adopted by the federal government as the core of the U.S. national healthcare strategy. It was embraced by a majority of private and public healthcare organizations. Many international organizations and countries are now using this framework. To use the framework successfully, providers and organizations need to understand population management; scale services to care for patients, communities, and populations; and build an agile learning system to support and expand best practices within new models of care. The goal is to provide high quality care to an individual in a manner that is better understood and improved because of knowledge from integrating population data and from continuous timely learning while pursuing lower cost.⁴

Focus on the Triple Aim has created a dynamic shift in the way patient care is provided. No longer can providers successfully practice in silos, as efficiency and effec-